

## CHAPTER 3

### SECTION 2.2

# POSTMASTECTOMY RECONSTRUCTIVE BREAST SURGERY

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#### I. PROCEDURE CODE RANGE

19160 - 19240, 19340 - 19499 (For post-mastectomy reconstruction surgery)  
19316, 19318, 19324 - 19325 (For contralateral symmetry surgery)

#### II. DESCRIPTION

Breast reconstruction consists of both mound reconstruction, nipple-areola reconstruction and areolar/nipple tattooing.

#### III. POLICY

A. Payment may be made for post-mastectomy reconstruction of the breast following a covered mastectomy.

B. Payment may be made for contralateral symmetry surgery (i.e., reduction mammoplasty, augmentation mammoplasty, or mastopexy performed on the other breast to bring it into symmetry with the post-mastectomy reconstructed breast).

*NOTE: Services related to the reduction of the contralateral breast in post-mastectomy reconstructive breast surgery are not subject to the regulatory exclusion for mammoplasties performed primarily for reasons of cosmesis.*

C. Treatment of complications following reconstruction (including implant removal) regardless of when the reconstruction was performed, and complications that may result following symmetry surgery, removal and reinsertion of implants are covered.

D. External surgical garments (specifically designed as an integral part of an external prosthesis) following a mastectomy is considered a medical supply item and is covered.

*NOTE: Benefits are subject to the first post-mastectomy bra and one replacement post-mastectomy bra per calendar year.*

E. Implant material and customized external breast prostheses must be approved by the Food and Drug Administration.

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